

EXHIBIT 1

WASHINGTON'S PUBLIC INFORMATION INMATE DATA

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 001	*	INMATE DATA	*	16:37:17
		AS OF 02-07-2021		

REGNO..: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE...: 916-930-2010

FAX: 916-930-2008

RACE/SEX...: BLACK / MALE

AGE: 52

PROJ REL MT: GOOD CONDUCT TIME RELEASE

PAR ELIG DT: N/A

PROJ REL DT: 06-13-2021

PAR HEAR DT:

G0002

MORE PAGES TO FOLLOW . . .

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 002	*	INMATE DATA	*	16:37:17
		AS OF 02-07-2021		

REGNO.: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE.: 916-930-2010 FAX: 916-930-2008

HOME DETENTION ELIGIBILITY DATE: 04-02-2021

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
THE INMATE IS PROJECTED FOR RELEASE: 06-13-2021 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 040 -----

COURT OF JURISDICTION.....: TEXAS, SOUTHERN DISTRICT
DOCKET NUMBER.....: 4:05CR00303-001
JUDGE.....: HUGHES
DATE SENTENCED/PROBATION IMPOSED: 11-28-2005
DATE SUPERVISION REVOKED.....: 12-21-2010
TYPE OF SUPERVISION REVOKED.....: REG
DATE COMMITTED.....: 09-04-2019
HOW COMMITTED.....: COMMIT OF SUPERVISED REL VIOL
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$100.00	\$00.00	\$00.00	\$00.00
RESTITUTION...: PROPERTY: NO SERVICES: NO			AMOUNT: \$1,700.00	

-----CURRENT OBLIGATION NO: 010 -----
OFFENSE CODE....: 551 18:2113 ROBBERY BANK
OFF/CHG: 18 U.S.C. 2113(A) BANK ROBBERY CT 1

SENTENCE PROCEDURE.....: SUPERVISED RELEASE VIOLATION PLRA
SENTENCE IMPOSED/TIME TO SERVE.: 24 MONTHS
DATE OF OFFENSE.....: 01-10-2005

G0002 MORE PAGES TO FOLLOW

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 003	*	INMATE DATA	*	16:37:17
		AS OF 02-07-2021		

REGNO.: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE.: 916-930-2010 FAX: 916-930-2008

-----CURRENT COMPUTATION NO: 030 -----

COMPUTATION 030 WAS LAST UPDATED ON 01-15-2021 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 10-22-2019 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 030: 040 010

DATE COMPUTATION BEGAN.....: 08-23-2019
TOTAL TERM IN EFFECT.....: 24 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 2 YEARS
EARLIEST DATE OF OFFENSE.....: 01-10-2005

JAIL CREDIT.....	FROM DATE	THRU DATE
	12-07-2004	12-09-2004

TOTAL PRIOR CREDIT TIME.....: 3
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 67
TOTAL GCT EARNED.....: 27
STATUTORY RELEASE DATE PROJECTED: 06-13-2021
ELDERLY OFFENDER TWO THIRDS DATE: 12-19-2020
EXPIRATION FULL TERM DATE.....: 08-19-2021
TIME SERVED.....: 1 YEARS 5 MONTHS 19 DAYS
PERCENTAGE OF FULL TERM SERVED...: 73.5
PERCENT OF STATUTORY TERM SERVED: 81.0

PROJECTED SATISFACTION DATE.....: 06-13-2021
PROJECTED SATISFACTION METHOD....: GCT REL

G0002 MORE PAGES TO FOLLOW . . .

WXRAR
PAGE 004

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*

PUBLIC INFORMATION
INMATE DATA
AS OF 02-07-2021

*
*

02-07-2021
16:37:17

REGNO.: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

HOME DETENTION ELIGIBILITY DATE: 06-17-2007

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 09-19-2007 VIA GCT REL

-----PRIOR JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: TEXAS, SOUTHERN DISTRICT
DOCKET NUMBER.....: 4:05CR00175-001
JUDGE.....: HUGHES
DATE SENTENCED/PROBATION IMPOSED: 08-13-2001
DATE SUPERVISION REVOKED.....: 11-28-2005
TYPE OF SUPERVISION REVOKED.....: REG
DATE COMMITTED.....: 12-23-2005
HOW COMMITTED.....: COMMIT OF SUPERVISED REL VIOL
PROBATION IMPOSED.....: NO

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$611.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE....: 551 18:2113 ROBBERY BANK
OFF/CHG: 18:2113(A)&9F), BANK ROBBERY

SENTENCE PROCEDURE.....: SUPERVISED RELEASE VIOLATION PLRA
SENTENCE IMPOSED/TIME TO SERVE.: 24 MONTHS
DATE OF OFFENSE.....: 12-26-2000

-----PRIOR JUDGMENT/WARRANT NO: 030 -----

COURT OF JURISDICTION.....: TEXAS, SOUTHERN DISTRICT
DOCKET NUMBER.....: 4:05CR00303-001
JUDGE.....: HUGHES
DATE SENTENCED/PROBATION IMPOSED: 11-28-2005
DATE COMMITTED.....: 12-23-2005
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$100.00	\$00.00	\$00.00	\$00.00

G0002 MORE PAGES TO FOLLOW

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 005	*	INMATE DATA	*	16:37:17
		AS OF 09-19-2007		

REGNO...: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE...: 916-930-2010 FAX: 916-930-2008

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,700.00

-----PRIOR OBLIGATION NO: 020 -----
 OFFENSE CODE....: 551 18:2113 ROBBERY BANK
 OFF/CHG: 18:2113(A), BANK ROBBERY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 36 MONTHS
 TERM OF SUPERVISION.....: 3 YEARS
 DATE OF OFFENSE.....: 01-10-2005

-----PRIOR COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 01-30-2007 AT DSC AUTOMATICALLY
 COMPUTATION CERTIFIED ON 01-30-2007 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
 PRIOR COMPUTATION 020: 020 010, 030 020

DATE COMPUTATION BEGAN.....: 11-28-2005
 AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA
 TOTAL TERM IN EFFECT.....: 36 MONTHS
 TOTAL TERM IN EFFECT CONVERTED...: 3 YEARS
 AGGREGATED TERM OF SUPERVISION...: 3 YEARS
 EARLIEST DATE OF OFFENSE.....: 12-26-2000

JAIL CREDIT.....:	FROM DATE	THRU DATE
	02-07-2005	11-27-2005

G0002 MORE PAGES TO FOLLOW . . .

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 006	*	INMATE DATA	*	16:37:17
		AS OF 09-19-2007		

REGNO... 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE... 916-930-2010 FAX: 916-930-2008

TOTAL PRIOR CREDIT TIME.....: 294

TOTAL INOPERATIVE TIME.....: 0

TOTAL GCT EARNED AND PROJECTED...: 141

TOTAL GCT EARNED.....: 141

STATUTORY RELEASE DATE PROJECTED: 09-19-2007

ELDERLY OFFENDER TWO THIRDS DATE: 02-07-2007

EXPIRATION FULL TERM DATE.....: 02-07-2008

TIME SERVED..... 2 YEARS 7 MONTHS 13 DAYS

PERCENTAGE OF FULL TERM SERVED...: 87.1

PERCENT OF STATUTORY TERM SERVED: 100.0

ACTUAL SATISFACTION DATE.....: 09-19-2007

ACTUAL SATISFACTION METHOD.....: GCT REL

ACTUAL SATISFACTION FACILITY.....: LOM

ACTUAL SATISFACTION KEYED BY.....: MDS

DAYS REMAINING.....: 141

FINAL PUBLIC LAW DAYS.....: 0

G0002 MORE PAGES TO FOLLOW . . .

WXRAR
PAGE 007

*
*

PUBLIC INFORMATION
INMATE DATA
AS OF 12-09-2004

*
*

02-07-2021
16:37:17

REGNO...: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

HOME DETENTION ELIGIBILITY DATE: 07-20-2004

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.
THE INMATE WAS SCHEDULED FOR RELEASE: 12-09-2004 VIA GCT REL

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MARYLAND
DOCKET NUMBER.....: HNM-01-021
JUDGE.....: MALETZ
DATE SENTENCED/PROBATION IMPOSED: 08-13-2001
DATE COMMITTED.....: 10-03-2001
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,111.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE....: 551 18:2113 ROBBERY BANK
OFF/CHG: 18 USC 2113(A) & (F) BANK ROBBERY

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 51 MONTHS 7 DAYS
TERM OF SUPERVISION.....: 3 YEARS
CLASS OF OFFENSE.....: CLASS C FELONY
DATE OF OFFENSE.....: 12-26-2000

G0002 MORE PAGES TO FOLLOW

WXRAR	*	PUBLIC INFORMATION	*	02-07-2021
PAGE 008 OF 008	*	INMATE DATA	*	16:37:17
		AS OF 12-09-2004		

REGNO.: 34481-037 NAME: WASHINGTON, KEITH HARRY

RESP OF: CSC

PHONE.: 916-930-2010 FAX: 916-930-2008

-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 12-09-2004 AT SHE AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 08-13-2001
TOTAL TERM IN EFFECT.....: 51 MONTHS 7 DAYS
TOTAL TERM IN EFFECT CONVERTED...: 4 YEARS 3 MONTHS 7 DAYS
EARLIEST DATE OF OFFENSE.....: 12-26-2000

JAIL CREDIT.....	FROM DATE	THRU DATE
	01-09-2001	08-12-2001

TOTAL PRIOR CREDIT TIME.....: 216
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 132
TOTAL GCT EARNED.....: 132
STATUTORY RELEASE DATE PROJECTED: 12-06-2004
ELDERLY OFFENDER TWO THIRDS DATE: 11-15-2003
EXPIRATION FULL TERM DATE.....: 04-17-2005
TIME SERVED.....: 3 YEARS 11 MONTHS 1 DAYS
PERCENTAGE OF FULL TERM SERVED...: 91.7
PERCENT OF STATUTORY TERM SERVED: 100.2

ACTUAL SATISFACTION DATE.....: 12-09-2004
ACTUAL SATISFACTION METHOD.....: GCT REL
ACTUAL SATISFACTION FACILITY....: SHE
ACTUAL SATISFACTION KEYED BY....: TMH

DAYS REMAINING.....: 129
FINAL PUBLIC LAW DAYS.....: 0

G0000 TRANSACTION SUCCESSFULLY COMPLETED

EXHIBIT 2

WASHINGTON'S BAY VIEW NEWS 8-21-20 CONFIRMATION OF EMPLOYMENT



4917 Third Street
San Francisco CA 94124
Phone (415) 671-0789
Email editor@sfbayview.com
Website www.sfbayview.com

August 21, 2020

██████ Richards, Director
GEO Re-entry Services
Taylor Street Center
111 Taylor St.
San Francisco CA 94102

Dear Ms. Richards:

This is to confirm that we will be providing Keith H. Washington with both employment and housing when he arrives on Sept. 3.

We'll be happy to provide any further information you require and can be reached at editor@sfbayview.com or by calling at (415) 671-0789.

Sincerely,

SAN FRANCISCO BAY VIEW

Mary Ratcliff

Mary Ratcliff, Editor

EXHIBIT 3

GEO GROUP INC. CELL PHONE MEMORANDUM



GEO Reentry Services. Taylor Street BOP

MEMORANDUM

To: All Residents
From: Facility Director
RE: CELL PHONES/ LAPTOP / COMPUTER EQUIPEMENT

Please remember having a cell phone while you are a resident at Taylor Street is a Privilege – not a Right.

The phone is to be used for employment purposes, family contact and contact with your non-felon friends.

You may not use a cell phone to communicate with other residents of the Facility. Do not record or take pictures at the facility. Your phone will be confiscated if you do either.

The phone must be approved before you can use it. fill out cell phone request form and give to your case manager.

The phone is subject to search at any time and will be confiscated at any time. no suggestive or pornographic videos or pictures will be permitted on phones.

Lap tops/ Tablets/ I pads - you must make a written request to Director stating the specific need and use. This must be approved by USPO/ BOP and or Director. All devices can be searched at any time by any staff. Failure to allow staff to review device is refusing an order and may may be grounds for Return to custody or termination form program

I understand and agree with the above requirements:

Name Keith Washington date 9-3-2020

EXHIBIT 4

WASHINGTON'S GEO GROUP INC. 9-5-20 EMPLOYMENT AGREEMENT



EMPLOYMENT AGREEMENT

I, Keith H. Washington, Reg# 34481-037, understand that as a condition of participating in this program, I am required to obtain full time, verifiable employment within 21 days of my employment orientation. I also understand that this employment must be approved by the Job Developer. I am required to have such employment no later than 21 days, and I understand that failure to do so may result in the re-evaluation of my ability to participate in the program.

Immediately upon receiving an offer of employment, I will complete the Job Information Form with the Job Developer for final approval of employment.

I understand that my employer is to be made aware of my legal status.

Each time I receive a paycheck I will submit my paycheck stub to the Job Developer to verify hours worked and pay received.

I will not make any changes in employment without prior approval from the Job Developer. Any changes in employment that are not in my control (reduction in hours, pay rate, termination, etc.) will be immediately reported to the Job Developer.

I understand that I am prohibited from incurring any kind of continuing indebtedness or entering into any purchase agreements involving periodic payments, lease agreements, credit cards, checking accounts, deferred payment purchases, or cosigning for purchases for another individual.

I understand that I will be required to establish a written personal budget to be reviewed by my Case Manager. Additionally, I will open and maintain a savings account as instructed by my Case Manager.

I understand that while at work, the Residential Re-entry Center staff must be able to contact me at all times and must always be aware of my location. I also understand that for any changes in employment scheduling, or to work overtime, my Supervisor must telephone the RRC to obtain approval. I cannot call to gain authorization for myself. These are issues which I should address with my employer upon accepting employment.

Keith H. Washington 9-5-2020
Resident Signature/Date

[Signature] 9/5/20
Job Developer Signature/Date

EXHIBIT 5

WASHINGTON'S RESIDENT EMPLOYMENT VERIFICATION/ NOTIFICATION

9/8/2020

Mail - [REDACTED] Lanval - Outlook

Resident Employment Verification/Notification

Attachment E

Resident Name: Washington Keith		Register #: 34481-037	
EMPLOYER INFORMATION			
Employer's Name and Address: San Francisco Bayview (N.B.N) 4917 3rd Street, San Francisco, CA 94124.		Supervisor's Name: Mary Ratcliff Employer's Phone: 415-671-0789	
JOB INFORMATION			
Date Employment Began: 09/08/20	Date Telephonic Verification: 09/05/20	Date On Site Visit: 9/14/20	Staff Signature/Printed Name Conducted Visit: [REDACTED] Lanval
Authorized Sign: Varies	Authorized Travel Time: 1hr 30mins	Time Work Begins: Varies Time Work Ends: Varies	Authorized Travel Time: 1hr 30mins Return Sign In Time: Varies
Method of Travel to Work: walk/Bus	Route of Travel to Work: Taylor St	Method of Travel from Work: walk/Bus	Route of Travel from Work: Taylor St
Rate of Pay: \$ 14.00 YEAR	Pay Day: 1st & 5th of each month	Date of First Check: Sept. 15 2020	
Cell Phone Required No	Travel Required No	Driver's License Required No	
RRC Director's Approval of Employment: [Signature: M. Ratcliff]		CCM's Approval of Employment (If Required):	
Type of Work: Assistant Editor	Resident's Conviction History: Bank Robbery		
EMPLOYER NOTIFICATION/ACKNOWLEDGMENT			
<p>Notification to Employer</p> <p>The above listed individual is currently in the custody of the Federal Bureau of Prisons or under the supervision of the United States Probations Department. As a requirement of their incarceration or term of supervision they are being required to participate in a Community Correction Program. Since the individual's responsibility to you and his/her accountability are crucial, we request that any behavioral problems or period of unaccountability be immediately reported to us at the below phone number/address. Any absences from work should be verified through program staff. This includes any scheduled or unscheduled absences for vacation or illness.</p> <p>Additionally, it is also necessary for us to randomly verify the resident's employment through both telephonic and on-site visit. We apologize for any inconvenience this might cause and will do our utmost to promote a stable working relationship.</p> <p>We appreciate the assistance of employer like you in re-integrating offenders into the community.</p> <p>Employment:</p> <p>I understand that the above individual is currently in the custody of the Federal Bureau of Prisons or under the supervision of the United States Probation department. I agree that I will report any period of absence immediately to the Community Corrections Center and will verify any and all changes in the employee's work schedule with the Community Corrections Staff.</p>			
Employment Signature: [Signature: Mary Ratcliff]		Date: 09/05/20	

EXHIBIT 6

WASHINGTON'S GEO GROUP INC. PROGRAM RULES AND REGULATIONS



MEMORANDUM Case Management/Job Orientation

Taylor Street Center
111 Taylor Street
San Francisco, CA 94102

www.geogroup.com

To: All Residents

RE: PROGRAM RULES AND REGULATIONS

Handbook- If one has not already been received one will be provided at the time of orientation.

Address/Phone Number: 111 Taylor Street San Francisco, CA, 94102
(415) 346-9769

Meal Times are posted next to the kitchen. A Sack Lunch can be requested before sign-out.

You Must Attend Job Developer/Substance Abuse/Case Manager Meetings-Times and Locations will be confirmed.

You Must Have Permission to Drive or Ride in Any Vehicle see your Case Manager for Details.

Accountability- Personal Accountability is expected at all times: RRC, community, pass and furlough. All destinations must be verified. **Verification must be turned in when you return to facility.**

You Must Have Permission to go to every location. Failure to have permission will result in an incident report. Don't deviate from your DAR. **Failure to return on time can result in an incident report for escape.** If you are **unaccountable** for **15 minutes** after your schedule return time escape process will be initiated and you may be charged with **ESCAPE!** If you are running late be sure to call the front desk!!

Recreation (REC) Is one hour. Close to the center. No bus rides or driving.

Residents are only allowed in assigned rooms only.

Evacuations- Fire Drill/ Emergency Evacuations- If anyone is saying "fire, fire drill etc." immediately come to the lobby and receive directions regarding exits and meeting places.

Program Opportunities- Available in house: Life Skills classes, job seeker groups, relapse prevention, independent studies, mental health and substance abuse counseling.

Challenges and Resources- Re-entry can be challenging. Available community resources include medical, dental, psychological/psychiatric care, GED, education and computer lab training and community employment resources.



Suicide Prevention- Support is available upon request as well as in life skills classes that are offered two times a month.

Driving- Approval is needed to drive or be transported in a vehicle by another individual.

You must keep your hands to yourself at all times. Horseplay will not be tolerated.

KEEP YOUR UNDERWEAR COVERED this means NO sagging, no undershirts, or bra straps showing.

You must gain permission from staff to enter any office, go to monitor station first! Do not knock on closed doors. (ESPECIALLY AT STAFF AREAS)

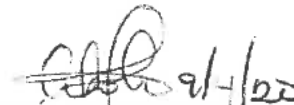
Drinking/Drugs/Poppyseeds/Salvia- No alcoholic beverages or alcohol in hygiene products or medical products, no drugs without prescriptions. No green leafy substances are allowed in the facility.

Cell Phones- WILL ONLY BE USED OUTSIDE OR IN YOUR ROOMS. Before you can have a phone you must complete the request form with your case manager. Case manager will then check your file and confirm you can have a phone. **Laptop/Computer/Tablet requires BOP approval. No Play Stations or XBOX are allowed.**

All RESIDENTS MUST WASH AND DRY ALL CLOTHES AND PUT AWAY NEATLY. Laundry rooms will be closed at 10pm.

KHw 9-4-2020

Resident Initials and Date

 9/4/20

Staff Signature and Date

EXHIBIT 7

WASHINGTON 1-11-21 NEWS INTERVIEW AUTHORIZATION FORM

BP-A0233

NEWS INTERVIEW AUTHORIZATION CDFRM

JUN 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Date 1/11/2021Inmate's name and number (print) Keith H. WashingtonName of Institution Taylor Street CenterName of news media representative San Francisco Bay View National BlackAddress of media represented 4917 Third St. SE, CA 94124 ^{newspaper}

I, the above-named inmate, do hereby freely give permission to the above-named news media representative to interview me on or about date: _____ and I do hereby authorize the news media represented by this person to use any information gathered about me during this interview for any legitimate purpose. I further authorize the Bureau of Prisons and the Department of Justice, and their authorized representatives, to release to representatives of the news media any documents or information relating to allegations or comments made by me in this interview.

Inmate's Signature Keith H. WashingtonWitness M. Richard Title Director

I, the above-named inmate, refuse permission to the above-named news media representative to interview me.

Inmate's Signature _____

Witness _____ Title _____

I, the above-named inmate, do further freely give permission to the above-named news media representative to make recordings of my voice during this interview and to make photos of me (still, movie, or video) and I do hereby authorize the use of such pictures or recordings by the news media represented by this person for any legitimate purpose.

Inmate's signature Keith H. WashingtonWitness M. Richard Title Director

Record Copy - Inmate's File; Copy - Media Representative

EXHIBIT 8

**1-8-21 RICHARD, IRUAYENAMA
& RATCLIFF EMAIL CHAIN**

1/21/2021

Mail - [REDACTED] Richard - Outlook

Re: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

[REDACTED] Iruayenama [REDACTED]

Fri 1/8/2021 12:48 PM

To: [REDACTED] Richard [REDACTED]

Noted and thank you.

[REDACTED] Iruayenama

Case Manager

The GEO Group, Inc.®

111 Taylor Street

San Francisco, CA 94102

Tel: 415-346-9769 Ex [REDACTED] • Fax: 415-346-0358

[REDACTED]
www.geogroup.com

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From: [REDACTED] Richard [REDACTED]

Sent: Friday, January 8, 2021 12:43 PM

To: [REDACTED] Iruayenama [REDACTED]

Subject: Re: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

no one can speak to the media ever.. with out permission

[REDACTED] Richard

FACILITY DIRECTOR

The GEO Group, Inc.®

111 Taylor Street

San Francisco, CA 94102

Tel: 415-346-9769 [REDACTED] Cell [REDACTED] • Fax: 415-346-0358

[REDACTED]
www.geogroup.com

1/21/2021

Mail: [REDACTED] Richard - Outlook

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From: [REDACTED] Iruayenama <[REDACTED]>
Sent: Friday, January 8, 2021 12:41 PM
To: [REDACTED] Richard <[REDACTED]>; Mary Ratcliff <[REDACTED]>; [REDACTED] Daniel
Subject: Re: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

Hi Ma'am,

Thanks for the clarification.

Regards,

[REDACTED] Iruayenama
Case Manager

The GEO Group, Inc.®
 111 Taylor Street
 San Francisco, CA 94102

Tel: 415-346-9769 Ext [REDACTED] • Fax: 415-346-0358

[REDACTED]
www.geogroup.com

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From: [REDACTED] Richard <[REDACTED]>
Sent: Friday, January 8, 2021 12:39 PM
To: [REDACTED] Iruayenama <[REDACTED]>; Mary Ratcliff <[REDACTED]>; [REDACTED] Daniel
Subject: Re: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

[REDACTED] This is not accurate. The BOP has denied this request. Mr Washington is not permitted to speak in person, video or in writing to any media with out permission from the BOP. I just requested and they

1/21/2021

Mail - Maria Richard - Outlook

denied it due to time frame. the BOP sends this request to Central office and needs at least a week . I asked for the form so I can send to you Mary for future requests.

[REDACTED] Richard
FACILITY DIRECTOR

The GEO Group, Inc.®
111 Taylor Street
San Francisco, CA 94102

Tel: 415-346-9769 Ext [REDACTED] Cell [REDACTED] Fax: 415-346-0358

[REDACTED]
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From: [REDACTED] ruayenama [REDACTED]
Sent: Friday, January 8, 2021 12:29 PM
To: Mary Ratcliff [REDACTED]; [REDACTED] Richard [REDACTED]
Subject: Re: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

Hi Mary,

Its fine, he already has a pass for work for that day. So he can go for the Press conference since its in line with his job and its within his work hours.

Regards,

[REDACTED] Iruayenama
Case Manager

The GEO Group, Inc.®
111 Taylor Street
San Francisco, CA 94102

Tel: 415-346-9769 Ext [REDACTED] Fax: 415-346-0358

[REDACTED]
www.geogroup.com

1/21/2021

Mail - [REDACTED] Richard - Outlook

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From: Mary Ratcliff <[REDACTED]>
Sent: Friday, January 8, 2021 10:57 AM
To: [REDACTED] ruayenama <[REDACTED]> [REDACTED] Richard <[REDACTED]>
Subject: [EXTERNAL] Keith Washington needs to speak at a press conference Monday

Our newspaper is covering an issue regarding city health employees that will be the topic of a press conference on Monday, Jan. 11, from noon to 1 p.m. As editor, Keith Washington has been requested to speak. The press conference will be held at 1145 Market St.

I'm requesting that he be given permission to attend and thanking you in advance for your cooperation.

Mary Ratcliff
SF Bay View
<https://sfbayview.com>
Office: 415-671-0789
Cell: [REDACTED]